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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000010267 (0)

1. Corporation Name

STINSON SURVEYING AND MAPPING, INC.

Principal Place of Business

805 M.L. KING JR. DR.
STE 202
TARPON SPRINGS FL 34689
US

Mailing Address

P.O. BOX 132
TARPON SPRINGS FL 34688-0132
US

3. Date Incorporated or Qualified

02/01/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 38872 US 19 N

2a. Mailing Address

26 38872 US 19 N

4. FEI Number

59-3223884

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

STINSON, DAVID
4241 NEWBURY DRIVE
NEW PORT RICHEY FL 34852

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

David Stinson

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME STINSON, DAVID
STREET ADDRESS 4241 NEWBURY DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34852

TITLE V
NAME STINSON, PAUL
STREET ADDRESS 8465 142ND AVE. N. APT. CC-106
CITY-ST-ZIP CLEARWATER FL

TITLE ST
NAME STINSON, PAUL
STREET ADDRESS 8465 142ND AVE. N. APT CC-106
CITY-ST-ZIP CLEARWATER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D, P, S
1.2 NAME STINSON, DAVID
1.3 STREET ADDRESS 4241 NEWBURY DRIVE
1.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34682

2.1 TITLE D, VP, T
2.2 NAME NODD WORTH, WILLIAM
2.3 STREET ADDRESS 6824 CROSSBOW LANE
2.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34653

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David Stinson
DAVID STINSON

April 10, 1997

Date

Daytime Phone #

0460991

CR2E034 (9/96)